

NAME AND ADDRESS OF PARTY OR ATTORNEY FOR PARTY: ATTORNEY FOR (NAME): SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NUMBER:	FOR COURT USE ONLY
PETITIONER: RESPONDENT: CLAIMANT/OTHER PARENT:		Case Number: Department Number:
CASE MANAGEMENT QUESTIONNAIRE		

PLEASE PRINT AND ANSWER ALL APPLICABLE QUESTIONS

Type of Proceeding: ☐ **Trial** ☐ **Long Cause Motion**

- ☐ **INITIAL CASE MANAGEMENT CONFERENCE (Complete Part 1 only)**
- ☐ **TRIAL/REVIEW CASE MANAGEMENT CONFERENCE (Complete Part 2 only)**

Part 1. INITIAL CASE MANAGEMENT CONFERENCE

1. Disputed Issues:

<input type="checkbox"/> Custody/Visitation <input type="checkbox"/> Contempt <input type="checkbox"/> Property Valuation <input type="checkbox"/> Date of Separation <input type="checkbox"/> Attorney's Fees & Costs <input type="checkbox"/> Other: _____	<input type="checkbox"/> Child Support <input type="checkbox"/> Property Characterization <input type="checkbox"/> Property Valuation Date <input type="checkbox"/> Property Division <input type="checkbox"/> Division of Debt	<input type="checkbox"/> Spousal Support <input type="checkbox"/> Arrearages <input type="checkbox"/> Reimbursement <input type="checkbox"/> Set-Aside
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2. Discovery remaining:
 - a. Have Preliminary Declarations of Disclosure been exchanged? ☐ Yes ☐ No
 If no, need deadline? ☐ Yes ☐ No
 - b. Has a preliminary discovery plan been prepared and exchanged? ☐ Yes ☐ No
 - c. What discovery remains to be done? ☐ Interrogatories ☐ Depositions ☐ Document Production
 - d. State time estimates for the completion of discovery by both sides: _____

- e. Do you request: ☐ Discovery Master ☐ Case Management by third party? If yes, please state reasons: _____

3. Do you request:

a. Settlement Conference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Bifurcation of issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify issues: _____

4. Have parties and/or counsel met to discuss settlement? ☐ Yes ☐ No

CASE NAME:	CASE NUMBER:
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Part 2. TRIAL/REVIEW CASE MANAGEMENT CONFERENCE

1. Have Preliminary Declarations of Disclosure been exchanged? ☐ Yes ☐ No
If No, need deadline? ☐ Yes ☐ No

2. Discovery:
 a. Completed? ☐ Yes ☐ No Estimated completion date: _____
 b. Request for further discovery? ☐ Yes ☐ No

3. Settlement Conference held? ☐ Yes ☐ No Requested? ☐ Yes ☐ No

4. Are you requesting that the case be set for trial? ☐ Yes ☐ No

5. Disputed Issues:

<input type="checkbox"/> Custody/Visitation <input type="checkbox"/> Contempt <input type="checkbox"/> Property Valuation <input type="checkbox"/> Date of Separation <input type="checkbox"/> Attorney's Fees & Costs	<input type="checkbox"/> Child Support <input type="checkbox"/> Property Characterization <input type="checkbox"/> Property Valuation Date <input type="checkbox"/> Property Division <input type="checkbox"/> Other: _____	<input type="checkbox"/> Spousal Support <input type="checkbox"/> Arrearages <input type="checkbox"/> Reimbursement <input type="checkbox"/> Set-Aside
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6. Due date for Final Declarations of Disclosure: _____

7. Estimated time for trial: _____ (Hours/Days)

8. Number of non-expert witnesses: _____ List: _____

9. Number of expert witnesses: _____ List: _____

10. Settlement discussions held: ☐ Yes ☐ No
If Yes, How many: _____ How Long? _____

11. Likelihood of settlement **Without** court assistance: _____% **With** court assistance: _____%

Date: _____

Attorney for ☐ Petitioner ☐ Respondent ☐ Other
☐ Petitioner ☐ Respondent

INSTRUCTIONS

This form must be filed and served at least 10 calendar days before the Case Management Conference. If you are representing yourself, you must have someone over the age of 18, other than yourself, mail a completed copy of this form to the opposing attorney or party at least 15 days before the Case Management Conference. A Proof of Service form should be attached to the original form that is filed with the Court. PLEASE BE SURE TO BRING A COPY OF THE COMPLETED FORM WITH YOU TO THE CASE MANAGEMENT CONFERENCE.